



August 2002

A Supervisory Newsletter from the Employee Advisory Service

# THE FRONTLINE SUPERVISOR

*Helping You Manage Your Company's Most Valuable Resource — Employees*

Call EAS: Olympia (360) 753-3260 Seattle (206) 720-3514 Spokane (509) 582-3686

Web: <http://hr.dop.wa.gov/eas.html> E-Mail: [eas@dop.wa.gov](mailto:eas@dop.wa.gov)

■ Q. I like a quiet office environment and tend to stay to myself most of the day with the door shut. Some employees think I am too aloof as a supervisor. I tell employees they can interrupt me anytime. Can I help it if they don't speak up? What more can I do?

A. You say that you welcome interruptions by employees at anytime, but they are receiving a nonverbal message from your closed door that you do not like to be annoyed. Assurances that your door is still "open" will not likely change their conditioned response of not interrupting someone behind a closed door. As a result, employees will bring issues to your attention based upon their degree of importance, and they will eventually feel resentful that you are not proactive with them. Less important and personal concerns will not get the attention they deserve. Herein lies the hazard of keeping your door closed. A common problem in management is the failure to hear about and intervene with workplace problems early enough to be effective at resolving them. Being aloof - or being seen as aloof - virtually guarantees that you will discover workplace problems later. This will increase the likelihood of a crisis or other loss.

■ Q. My employee complains that he has a sleep disorder and, consequently, has trouble getting to work on time. He excitedly talks about what his doctor is doing for him, but I don't see any progress. Is this an EAS matter?

A. An employee with a chronic performance problem may admit to a personal problem and disclose an intervention plan that seems plausible. It can be compelling under such circumstances to postpone an administrative response even when the problem grows worse. Supervisors faced with such employees can feel as though there is no easy answer or next step in attempting to resolve a chronic performance issue. It may be a mistake to accept such a plan outright in lieu of making a supervisor referral to the Employee Advisory Service (EAS). It is better not to judge the employee's intervention plan. Accept the employee's answer, but make a referral to EAS.

■ Q. Some of our employees and even managers are reluctant to use EAS because they think it means they have sought psychiatric care. How can management encourage employees to use EAS and be less fearful?

A. Unfortunately many employees equate visiting an EAS office with seeking psychiatric care from a mental health professional. Although Employee Assistance Programs (EAPs) see employees for many different problems, the misperception that the EAP is a psychiatric service is a common one. Licensed mental health professionals may hold positions as employee assistance professionals, but a visit to EAS is not tantamount to the acceptance of psychiatric care. The most sensitive government agencies in the United States, including the National Security Agency, the CIA, and the FBI have EAPs. These programs have high utilization rates because the highest levels of management have repeatedly endorsed and supported use of the programs. You can do the same. Frequent endorsement and ongoing support by top management can help employees to overcome their reluctance to use the program.

■ Q. I suspect that the vast majority of nonalcoholic drinkers have been drunk at least once. Certainly, many nonalcoholic drinkers have stayed home or come to work with a hangover, even if others didn't notice. Has research documented the cost of hangovers?

A. The hangover has a unique and identifiable cost to business and industry. Both alcoholic and nonalcoholic drinkers may experience hangovers, although alcoholic drinkers may experience more of them. Most research has focused on the high cost of alcohol use in general. One credible study, however, reported in the Annals of Internal Medicine (2000;Vol. 132;pp 897-902) examined the hangover condition specifically. The goal was to convince fellow physicians that it was better to treat a hangover than teach patients a lesson by allowing them to suffer with it. But the study also examined related costs to business and industry. Costs associated with absenteeism and lowered productivity caused by alcohol-induced hangovers are about \$148 billion per year. Research showed that costs associated with hangovers are attributed mostly to nonalcoholic drinkers.

■ Q. In discussions, one of my employees frequently makes statements that are completely off the topic. Her memory is also poor. She has worked for this agency for 35 years. Most of us are beginning to work around her. This is just part of getting old, right?

A. Many things, both medical and otherwise, could explain the problem experienced by your employee. Make a referral based upon performance issues. Be clear about what is happening. Then EAS can help determine what the problem is and what resources might assist her. When coworkers witness growing communication and memory dysfunction in a fellow worker, they may adapt or find ways of coping. This natural - and enabling - process can unfortunately permit a medical condition, if one exists, to grow worse. Your employee may be exhibiting very early symptoms of a health care problem that affects her cognition, but do not assume it is simply age-related. Awareness for health issues of aging will naturally increase as America ages. This awareness can be a step toward helping valuable workers sooner; however, expect your employee to meet the expectations for her position.

---

## NOTES:

Visit EAS on our website at:  
<http://hr.dop.wa.gov/eas.html>

A service of the



---

Information contained in The FrontLine Supervisor is for general information purposes only and is not intended to be specific guidance for any particular supervisor or human resource management concern. For specific guidance on handling individual employee problems, consult with your EAS Professional.

---